SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717150 (7)

1. Corporation Name
INDIAN ROCKS POST NO. 10094 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
FOREIGN WARS OF THE UNITED STATES INC 311 1ST ST N. . PO BOX 133 INDIAN ROCKS BEACH FL 34635	FOREIGN WARS OF THE UNITED STATES INC 311 1ST ST N. . PO BOX 133 INDIAN ROCKS BEACH FL 34635

3. Date Incorporated or Qualified: 09/15/1969
3a. Date of Last Report: 05/01/1995
4. FEI Number: 23-7010567 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MADDEN, ROBERT L.
14884 SUNSET DR.
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name: ARTHUR D. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 2429 6TH AV. S.W.
83
84 City: LARGO FL 85 Zip Code: 34640

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Arthur D. Smith DATE: 6-24-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRICKEY, ELROY W. 311 FIRST ST. NO. INDIAN ROCKS, FL 00000	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANSING, ROBERT E 311 FIRST ST. NO. INDIAN ROCKS. FL 00000	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STAATS, ROBERT C 311 FIRST ST. NO. INDIAN ROCKS, FL 00000	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD THOMAS McKEON 311 1ST ST. NO INDIAN ROCKS BCH FL 34635	☐ Change ☒ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD GEORGE BRISTOL 311 1ST ST. NO INDIAN ROCKS BCH FL 34635	☐ Change ☒ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD LLEWELLYN TWEED 311 1ST ST. NO INDIAN ROCKS BCH FL 34635	☐ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] T. Ronald McKeon 6/26/96 (813)596-5967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015213